EFFECTS OF MILIEU THERAPY ON WELL BEING

Rating Your Program

This paper explores a fascinating concept called milieu therapy – what it is, how it works, and its effect on programs serving the elderly in a way that meets their needs holistically. Included, also, is a useful tool to rate your program against milieu therapy concepts. You're challenged to take this test! The results will surely pinpoint strengths and areas of improvement in programs designed to meet the needs of older citizens.

So, what exactly is Milieu Therapy? "Milieu" is a French word that means environment or the total condition of one's surroundings influencing the development and behavior of an individual. Milieu Therapy emphasizes the social, emotional, and psychological aspects of a person's well being. It makes a conscious effort to use the total environment in a multi-dimensional way: the physical surroundings; a program that is an integral part of each person's daily life; and the potential abilities of staff and participants/residents. Milieu Therapy is based on the three-pronged theory that a person makes the greatest gains when:

- the environment (milieu) offers opportunities and experiences for the individual to assume, to the extent possible, the social roles normally available within the larger community (e.g. a friend, a neighbor, a worker, a volunteer);

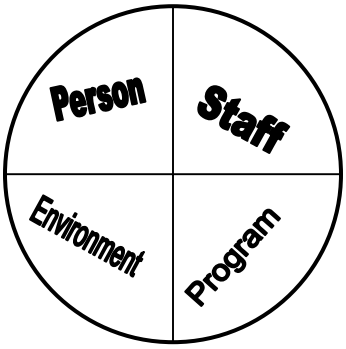
- the care planning and treatment program is comprehensive and designed to include a structured variety of meaningful experiences that benefits both the individual and the total population through consumer choices, family and staff input, continuous evaluation, and goal setting; and

- the individual is connected with groups according to his/her interests, needs, and abilities so that a supportive and adaptable milieu can be designed.

Milieu Therapy carries with it the important element of encouraging the individual to be a contributing factor and major influence in their own well being, with the underlying assumption that regardless of degree of impairment, a person is never totally ill. The primary focus is on the abilities and the "well" aspects of each individual. If improvement seems unrealistic, the emphasis is directed toward preventing excess disability and helping the person maintain abilities to the greatest extent possible.

Milieu Therapy stresses the importance of recognizing, accepting and, in fact, encouraging individual differences among program participants or residents. Activities or opportunities that provide life and meaning to a setting foster independence and individuality. They give continuity to an older person's past life as well as the present, and build on relationships with the family and the community.

The components of any program setting, regardless of what it is called (hospital, nursing home, medical care facility, rehabilitation center, adult day center, assisted living etc.) can be illustrated in this diagram.



Even though each component affects the life of an individual, it has been our experience that the milieu becomes most effective in promoting overall wellness when all parts reflect a therapeutic mode. For example, a lovely homelike environment cannot insure a therapeutic milieu if staff perform their jobs in a traditional, custodial manner.

It can be assumed that most settings would fall somewhere between being totally non-therapeutic (custodial, sickness fostering) and being totally therapeutic (supportive, health fostering). To evaluate any setting, each component needs to be considered as having influence on the total milieu and, therefore, on the person.

What can be a useful way of viewing non-therapeutic and therapeutic characteristics is to place them diagrammatically in contrast to each other and consider the changes in each component that can influence moving a setting in one direction or the other. In describing features that tend to characterize a setting, the purpose is not to label staff as "incompetent" or "inadequate," but rather to describe the characteristics of the system that provide an unsatisfactory life for the elderly as well as unrewarding work situations for staff.

Here follows a "Senior Program Rating Scale" that offers ideas for improving milieu for older adults, staff who serve them, and family members and friends who visit. The elements of this rating scale are derived from the works of; Dorothy Coons (University of Michigan Institute of Gerontology – Milieu Therapy Program and her book co-authored with Nancy Mace, "Quality of Life in Long Term Care"), Joanne Rader ("Setting a Calm Mood in the Nursing Unit"), and Esther Onaga, Michigan State University, from her work on Characteristics of a Positive Environment for Older Adult Service Settings psycho-social rehabilitation model. See how your program rates against a variety of Milieu Therapy concepts.

Senior Program Rating Scale

Directions: For each specific characteristic, there is a scoring range of 1 – 5, with at one end a rating of: "1" indicating: totally non-therapeutic (non-supportive, custodial, sickness fostering) major improvement needed and at the other end of the scale a rating of "5" indicating: totally therapeutic (supportive/wellness fostering) outstanding demonstration of that characteristic. For each item below, please circle a number between 1 and 5 that in your view most closely represents your program's current level. Be honest in your appraisal, consider each item individually and avoid the "halo" effect of either rating each item very high or very low. This will make your rating the most valuable reflection possible with respect to the persons you serve, your co-workers, the environment and the program(s) provided. The collective or average scores can then serve as a snapshot in time of where your organization, department or shift is now and provide rich information for discussion, evaluation and consideration for future quality improvement.

A. The Residents

General Characteristics

Residents fulfill the only roles available to them – that of dependent, needy and sick patients

Residents are able to retain their self respect that comes with being able to maintain some control over their lives

Specific Characteristics –Residents or Participants:

1. have very few choices about how they spend their time

   have many choices available to them

   1 2 3 4 5

2. are deprived of normal social roles and meaningful activities available

   have many normal social roles and meaningful activities available to them

   1 2 3 4 5

3. find that the only natural outlet for them to receive attention is to behave in devious, strange or abnormal behaviors

   find that behaving in normal ways is appreciated and encouraged by staff

   1 2 3 4 5

4. View themselves as too sick to do much of anything for themselves

   Act like they can do a lot for themselves, despite their health problems

   1 2 3 4 5

5. are isolated from the community

   are connected with their community

   1 2 3 4 5

6. are rarely allowed to do things for others — have a variety of opportunities to to volunteer, assist others within their abilities and know what they offer is valued

1 2 3 4 5

7. appear depressed and act like they are just waiting to die — show significant interest and enjoyment within the world around them

1 2 3 4 5

B. The Staff

General Characteristics:

view their role as caretakers, - thus having control — encourage residents to exercise as much control over their own lives as possible

Specific Characteristics – Staff:

1. function according to a prescribed job description only — are willing to extend responsibilities beyond the formal job description to improve the quality of treatment/service

1 2 3 4 5

2. do things for residents that they may be able to do for themselves because they are "sick" — spend time and effort in retaining and encouraging resident's ability to maintain independence and manage self care

1 2 3 4 5

3. categorize residents as "patients" and consider all patients as having the same needs with little variation — respect, accept and become aware of residents as individuals of worth and potential

1 2 3 4 5

4. view and treat the resident as someone different from themselves because he/she is labeled a patient and institutionalized — relate as teachers and friends in normal, natural ways

1 2 3 4 5

5. have little communication with residents even when giving treatments , medication etc. — reduce the distance between themselves and residents by sharing activities & communicating with residents frequently

1 2 3 4 5

6. find uniforms necessary and an indication of rank

find that wearing street clothes is often helpful in reducing an "institutional – like" climate

1 2 3 4 5

7. are interested primarily in maintaining status and being the sole possessor of knowledge

share knowledge with other staff and residents

1 2 3 4 5

8. exercise control through criticism

help others recognize successes and give support to both residents and staff by giving positive feedback

1 2 3 4 5

9. give little or no support to co-workers

recognize the value of the work of others and give support and help

1 2 3 4 5

10. hand down orders with no opportunities for sharing of problems and successes between between various staff levels

staff at all levels share in planning and problem solving and administrative staff include direct care staff in helping to solve problems and develop plans

1 2 3 4 5

11. yell and talk loudly

speak calmly

1 2 3 4 5

12. engage in running, hustling, "high energy" frantic behavior

work with smooth, moderate motion and focused attention

1 2 3 4 5

13. demonstrate a "working short" <u>panic</u> attitude

show a "working short" <u>teamwork</u> attitude

1 2 3 4 5

14. use correcting, derisive and scolding language

handle situations without negative comments

1 2 3 4 5

15. use "you never" responses

give feedback without an "attitude"

1 2 3 4 5

16. look angry, frustrated — look “friendly”

1 2 3 4 5

17. changing staff, schedules, rooms — same staff, schedule: minimized room changes; consistent assignments

1 2 3 4 5

18. use inconsistent, confusing approaches — deciding, describing and following the plan

1 2 3 4 5

19. change objects, move where people sit a lot — use same objects in environments to help with cueing to reduce confusion for those with cognitive impairments

1 2 3 4 5

20. vary the way they give directions — repeat simple instructions in consistent ways

1 2 3 4 5

21. use fast, rough handling — go at the individual’s pace

1 2 3 4 5

22. approach, talk and move from behind — approach from front, guiding/walk alongside

1 2 3 4 5

23. do not explain & orient person before beginning care — give directions that fit the person’s language and attention span

1 2 3 4 5

24. miss the opportunity to identify and decrease anxiety — know and can communicate 3 things that provide comfort to resident/participant (like explaining what you are doing and providing reassurance and acceptance)

1 2 3 4 5

25. treat the person like a child — treat the person like an adult

1 2 3 4 5

26. treat everyone alike — adapt to the individual

1 2 3 4 5

27. feel that the "task" must be done or you'll be seen as not doing your job, lazy — delay, revise or emitting certain tasks when the person resists

1 2 3 4 5

28. try to control and force person to do things — gently, but firmly guiding visually, verbally and tactilely

1 2 3 4 5

29. wait until resident starts to do "wrong thing" before getting involved — anticipate residents' action and distract, redirect or engage in constructive activity

1 2 3 4 5

30. tell person they <u>have</u> to do something — ask for resident's help with task

1 2 3 4 5

31. know very little about the residents they work with — can identify several things that are important to each individual they work with

1 2 3 4 5

THE PHYSICAL ENVIRONMENT

General Characteristics

An institution-like atmosphere reinforcing feelings of sickness — A home-like atmosphere, reinforcing feelings of well-being

Specific Characteristics – The Physical Environment:

1. white or indistinguishable pale colors — contemporary distinguishable color schemes

1 2 3 4 5

2. bare walls — walls enriched with pictures & artwork

1 2 3 4 5

3. long halls, large common areas only — small, intimate areas are available

1 2 3 4 5

4. undifferentiated exits, restrooms and program doors — doors are color coded and clearly labeled

1 2 3 4 5

5. poor lighting					good lighting, non-glare windows
	1	2	3	4	5
6. lack of personal privacy					areas for personal privacy
	1	2	3	4	5
7. all rooms look alike, no personalization					room décor reflects personal tastes, personal possessions available to the person
	1	2	3	4	5
8. locked doors and limited spaces					unlocked exits and entrances and a variety of rooms/spaces available
	1	2	3	4	5
9. furnished with the bare necessities (e.g., bed, chairs, benches)					furnished with comfort and pleasure in mind (e.g., rocking chairs, plants, pictures, pets allowed/accessible)
	1	2	3	4	5
10. TV, radio used by staff primarily tuned to stations & volume staff choose without asking residents' preferences					TV and radio are used for viewing and listening enjoyment of residents
	1	2	3	4	5
11. overhead page often used					infrequent use of intercom
	1	2	3	4	5
12. high traffic					moderate traffic
	1	2	3	4	5
13. outside area are Spartan, drab, lifeless					outside areas are warm, homelike & vibrant
	1	2	3	4	5
14. inside areas are Spartan, drab, lifeless					inside areas are warm, homelike and vibrant
	1	2	3	4	5
15. excessive noise levels					moderately calm environment with minimal noisy areas
	1	2	3	4	5

THE PROGRAM

General Characteristics

Program may be sporadic or non-existent; life is usually devoid of any activity resembling a lifestyle in the community	the day's activities are designed to include everyone and planned to meet the needs of individual residents/participants

Specific Characteristics: The Program:

1.	even scheduled activities are canceled frequently				programs are consistently offered
	1	2	3	4	5
2.	the resident has no legitimate way of behaving that merits recognition				recognition and feedback are provided to acknowledge residents' achievements
	1	2	3	4	5
3.	activities that do occur are planned and carried out by staff with little or no input from residents				residents are part of the planning and development of programs
	1	2	3	4	5
4.	staff take little or no part in the activities for residents with the possible exception of the activity therapist				staff are, themselves, involved in the programs and activities
	1	2	3	4	5
5.	only group activities are offered				one-to one activities are offered to withdrawn residents and to those who ask for one to one
	1	2	3	4	5
6.	staff give little support to the activity therapist and may, in fact, consider activities nonessential and a nuisance				staff place value on activities that improve the quality of life of residents enabling them to continue some activities and interests of their earlier lives
	1	2	3	4	5
7.	the activities are often childish, degrading for adults, repetitive and serve only as "busy work"				planned activities are centered around a goal are adult caliber, varied and stimulating
	1	2	3	4	5

8. staff become inpatient with residents who have their own interests and friends and prefer them to the program's activities

staff encourage independence and initiative on the part of residents/participants

1 2 3 4 5

9. imposing unnecessary "rules"

resident comfort and well-being most important factor

1 2 3 4 5

10. forcing care activities into staff schedule

defining job as providing comfort

1 2 3 4 5

11. assume that resident can't do very much - too old and too debilitated to learn

provide a sense of hope and ability to learn

1 2 3 4 5

12. offer activities nearly exclusively within the walls of the facility & outside community activities, guests and presentations are rarely promoted or arranged to come in

provide meaningful experiential activities that connect residents/participants with the community in which they live

1 2 3 4 5

13. social relationships are neither expected nor encouraged and sometimes even discouraged

promote, support and help to sustain social relationships

1 2 3 4 5

Directions for Scoring and Analyzing Results:

Add all the scores for each item and divide by the number of raters for an average score for each item.

Suggestions for Using the Information Gleaned to Improve the Overall Program:

1. Hold a follow-up group discussion and give each rater the opportunity to discuss his/her observations, rationale or interpretation of high or low scores on particular items.

2. Identify the items with the highest scores and recognize those areas that you are doing well in. Discuss ways to keep doing the things that make these scores possible.

3. Identify the lowest scoring items. Agree as a group, a unit or organization on which 2 or 3 of these you will target for improvement and establish an action plan for how to accomplish this.

4. Repeat this rating scale every once in a while to check on the collective perception of your progress.

5. Consider asking an outside consultant/reviewer to score your program and compare to your own self-ratings to get an additional perspective from an outside source.

For questions or further information, please contact :

Dan Doezema, MSW
(231) 929-2531
DoezemaD@michigan.gov

1/24/05